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PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 2:06cr271-WKW	
DEFENDANT COREY HARVEY		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE AT4 MILITARY ASSAULT WEAPON		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o UNITED STATES MARSHALS SERVICE		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
----- Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 -----		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) U.S. DISTRICT COURT MIDDLE DIST. OF ALA. AUG 22			
Asset Identification No. 07-DEA-478331 <i>Tommie Brown Hardwick</i> Signature of Attorney or other Originator requesting service on behalf of :		TELEPHONE NUMBER (334) 223-7280	DATE 02/12/08
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>
Signature of Authorized USMS Deputy or Clerk <i>K. Chauver</i>		Date <u>2/13/08</u>	
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).			
Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service <u>8/20/08</u>	Time <u>2:45</u> <u>pm</u>
Signature of U.S. Marshal or Deputy <i>K. Shook</i>			
Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>45.00</u>
Advance Deposits		Amount Owed to US Marshal or Amount or Refund	
REMARKS:			